



UNITED STATES DEPARTMENT OF LABOR

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

UNDERSTANDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT WORKSHOP

We recognize that understanding and complying with DOL regulations can be challenging for any employer. This is especially so for small and medium sized employers with limited time, resources and/or access to professional assistance. The Department of Labor's Employee Benefits Security Administration (EBSA) wants to help.

EBSA is offering a free workshop on the Patient Protection and Affordable Care Act (ACA) in Boston, Massachusetts. The workshop will provide a discussion of the ACA along with a compliance assistance guide. Employers who sponsor a health plan for their employees, as well as health plan service providers, are welcome to attend.

Pre-registration for the workshop is required by March 30, 2015 and space is limited to the first 50 registrants. We ask that you make every effort to attend the workshop once you register or send an alternate. Late registrations will be accepted based upon availability and seats are allocated on a first-come basis. Attendees must bring a valid picture ID and be processed through the federal building's security entrance. As a courtesy we ask that you turn off all cell phones and electronic equipment during the workshop. Please act quickly to reserve your spot!

EBSA benefits advisors will be onsite to address your specific questions.

- ☐ One-on-one assistance requested.
- ☐ Individuals with disabilities who need special accommodations please check here.
- ☐ The attendees list will be available on request. Please check here if you do not want your name shared.

WHEN: March 31, 2015; 10:00 – 12:30 PM EST

WHERE: J.F.K. Federal Building
25 New Sudbury Street, Room 900B
Boston, Massachusetts 02203

COST: The workshop and all published materials provided are free!

REGISTRATION: Fax this form to (617) 565-9666

FOR MORE INFORMATION: Telephone Kristy Phillips at (617) 565-1396

WORKSHOP REGISTRATION FORM

NAME:

TITLE:

COMPANY AND/OR ASSOCIATION:

ADDRESS:

TELEPHONE/FAX NUMBER:

EMAIL ADDRESS: